

Program Activity Cover Page

Program Name: SCOE - Child Care Grant Funding (Childcare & Development Grants)

Program ID 150006

Directions: Enter only one digit per box. Please use a black ink pen. Other ink colors and pencil cannot be read by our scanners.

1. Please mark (X) which type of organization best describes the agency providing this program:

- ☐ Commission-run program → Go to question 3.
☒ Externally run program → Please mark (X) ONE box below and then go to question 2.

☐ Family resource center Child care center or preschool

- ☐ Head Start
☐ State preschool
☐ Private preschool
☐ Family-based child care
☐ Other child care center or preschool

☐ County service agency (other than education)

- ☐ Department of Health
☐ Department of Social Services
☐ Department of Mental Health
☐ Other county service agency

☐ Private provider/nonprofit community organization

- ☐ Community-based organization
☐ Other nonprofit organization
☐ Private medical, dental, or mental health organization
☐ Other private organization

☐ Education organization

- ☐ Elementary or middle school (K-8)
☐ Secondary school (9-12)
☐ School district
☒ County office of education
☐ 2-year community college
☐ 4-year college or university
☐ Other education organization

☐ Other public-sector organization

- ☐ Justice system/police
☐ City government program
☐ Other government program

☐ Consulting organization

- ☐ Evaluation/research organization
☐ Technical assistance organization
☐ Other consulting organization

☐ Other organization

2. Please provide the primary service activity location(s) for this program. Note: If service is mobile, enter the agency address and provide the service radius based on the service agency's address. Enter additional locations on the back of this form.

Street address 1324 CELESTE

Service radius (miles)

City MODESTO

Zip 95355

22.0

3. Does this funded program receive State School Readiness Initiative funds? ☐ Yes ☒ No

4. What strategies did this program use in FY 2002-2003? Please mark (X) ALL that apply. Then please report the amount of First 5 funds spent by the program over the fiscal year on each strategy marked.

☐ Direct services:

\$ 1,308,465

☐ Community strengthening efforts:

\$, ,

☐ Provider capacity building/support:

\$, ,

☐ Infrastructure investments:

\$, ,

☐ Systems change support activities:

\$, ,

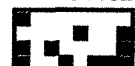
☐ Minigrants (Commission-run only):

\$, ,

Please attach the Activity Form for each strategy marked.

34192

10838



Program Activity Cover Page (Continued)

Program ID 1 5 0 0 0 6

Location 2	Street address	2250 ROCKEFELLER DRIVE	Service radius (miles)	11.0
	City	CERES	Zip	95307
Location 3	Street address	426 LOCUST STREET	Service radius (miles)	18.0
	City	MODESTO	Zip	95351
Location 4	Street address	2201 BLUE GUM AVENUE	Service radius (miles)	18.0
	City	MODESTO	Zip	95358
Location 5	Street address	2118 WOODLAND AVENUE	Service radius (miles)	11.0
	City	MODESTO	Zip	95358
Location 6	Street address	1244 FIORI AVENUE	Service radius (miles)	14.0
	City	MODESTO	Zip	95350
Location 7	Street address		Service radius (miles)	
	City		Zip	
Location 8	Street address		Service radius (miles)	
	City		Zip	
Location 9	Street address		Service radius (miles)	
	City		Zip	
Location 10	Street address		Service radius (miles)	
	City		Zip	
Location 11	Street address		Service radius (miles)	
	City		Zip	



Program Activity Cover Page

Program Name: SCOE - Alternative Payment Voucher Program (Childcare Voucher Program)

Program ID 150007

Directions: Enter only one digit per box. Please use a black ink pen. Other ink colors and pencil cannot be read by our scanners.

1. Please mark (X) which type of organization best describes the agency providing this program:

☐ Commission-run program → Go to question 3.

☒ Externally run program → Please mark (X) ONE box below and then go to question 2.

☐ Family resource center Child care center or preschool

- ☐ Head Start
- ☐ State preschool
- ☐ Private preschool
- ☐ Family-based child care
- ☐ Other child care center or preschool

☐ County service agency (other than education)

- ☐ Department of Health
- ☐ Department of Social Services
- ☐ Department of Mental Health
- ☐ Other county service agency

☐ Private provider/nonprofit community organization

- ☐ Community-based organization
- ☐ Other nonprofit organization
- ☐ Private medical, dental, or mental health organization
- ☐ Other private organization

☐ Education organization

- ☐ Elementary or middle school (K-8)
- ☐ Secondary school (9-12)
- ☐ School district
- ☐ County office of education
- ☐ 2-year community college
- ☐ 4-year college or university
- ☐ Other education organization

☐ Other public-sector organization

- ☐ Justice system/police
- ☐ City government program
- ☐ Other government program

☐ Consulting organization

- ☐ Evaluation/research organization
- ☐ Technical assistance organization
- ☐ Other consulting organization

☐ Other organization

2. Please provide the primary service activity location(s) for this program. Note: If service is mobile, enter the agency address and provide the service radius based on the service agency's address. Enter additional locations on the back of this form.

Street address

1324 CELESTE DRIVE

Service radius (miles)

City

MODESTO

Zip

95355

22.0

3. Does this funded program receive State School Readiness Initiative funds? ☐ Yes ☒ No

4. What strategies did this program use in FY 2002-2003? Please mark (X) ALL that apply. Then please report the amount of First 5 funds spent by the program over the fiscal year on each strategy marked.

☐ Direct services:

\$ 750,000

☐ Community strengthening efforts:

\$, ,

☐ Provider capacity building/support:

\$, ,

☐ Infrastructure investments:

\$, ,

☐ Systems change support activities:

\$, ,

☐ Minigrants (Commission-run only):

\$, ,

Please attach the Activity Form for each strategy marked.

34192

10839

Program Activity Cover Page

Program Name: SCOE - Healthy Starts (Healthy Starts Support)

Program ID 150008

Directions: Enter only one digit per box. Please use a black ink pen. Other ink colors and pencil cannot be read by our scanners.

1. Please mark (X) which type of organization best describes the agency providing this program:

☐ Commission-run program → Go to question 3.

☒ Externally run program → Please mark (X) ONE box below and then go to question 2.

☐ **Family resource center**
Child care center or preschool

- ☐ Head Start
- ☐ State preschool
- ☐ Private preschool
- ☐ Family-based child care
- ☐ Other child care center or preschool

County service agency (other than education)

- ☐ Department of Health
- ☐ Department of Social Services
- ☐ Department of Mental Health
- ☐ Other county service agency

Private provider/nonprofit community organization

- ☐ Community-based organization
- ☐ Other nonprofit organization
- ☐ Private medical, dental, or mental health organization
- ☐ Other private organization

Education organization

- ☐ Elementary or middle school (K-8)
- ☐ Secondary school (9-12)
- ☐ School district
- ☒ County office of education
- ☐ 2-year community college
- ☐ 4-year college or university
- ☐ Other education organization

Other public-sector organization

- ☐ Justice system/police
- ☐ City government program
- ☐ Other government program

Consulting organization

- ☐ Evaluation/research organization
- ☐ Technical assistance organization
- ☐ Other consulting organization

☐ **Other organization**

2. Please provide the primary service activity location(s) for this program. Note: If service is mobile, enter the agency address and provide the service radius based on the service agency's address. Enter additional locations on the back of this form.

Street address 1100 H STREET
City MODESTO Zip 95367

Service radius (miles)

26.0

3. Does this funded program receive State School Readiness Initiative funds? ☐ Yes ☒ No

4. What strategies did this program use in FY 2002-2003? Please mark (X) ALL that apply. Then please report the amount of First 5 funds spent by the program over the fiscal year on each strategy marked.

☒ Direct services:

\$ 110,000

☒ Community strengthening efforts:

\$ 89,000

☐ Provider capacity building/support:

\$, ,

☐ Infrastructure investments:

\$, ,

☐ Systems change support activities:

\$, ,

☐ Minigrants (Commission-run only):

\$, ,

Please attach the Activity Form for each strategy marked.

34192

10840



Program Activity Cover Page (Continued)

Program ID

150008

Location 2	Street address	426 LOCUST STREET	City	MODESTO	Zip	95351	Service radius (miles)	10.0
Location 3	Street address	2503 LAWRENCE STREET	City	CERES	Zip	95307	Service radius (miles)	10.0
Location 4	Street address	7488 FOX ROAD	City	HUGHSON	Zip	95326	Service radius (miles)	5.0
Location 5	Street address	2400 STANISLAUS STREET	City	RIVERBANK	Zip	95367	Service radius (miles)	10.0
Location 6	Street address	1300 PATCHETT DRIVE	City	NEWMAN	Zip	95360	Service radius (miles)	10.0
Location 7	Street address	400 SOUTH AVENUE	City	TURLOCK	Zip	95382	Service radius (miles)	5.0
Location 8	Street address	HOWARD ROAD	City	NESTLEY	Zip	95387	Service radius (miles)	5.0
Location 9	Street address	2209 BLUE GUM AVENUE	City	MODESTO	Zip	95358	Service radius (miles)	26.0
Location 10	Street address		City		Zip		Service radius (miles)	
Location 11	Street address		City		Zip		Service radius (miles)	

